

**Pomperaug District Department of Health**  
 800 Main Street South, Suite 124  
 Southbury, CT 06488  
 (203) 264-9616

<b>Rec #</b> _____
<b>Date</b> _____
<b>\$ Amount</b> _____
<b>Rec'd By</b> _____

**PUMP INSTALLATION PERMIT**

**PLEASE PRINT - All Applications Must Be Complete For Proper Processing**

**LOCATION OF WELL**

Lot / Street # \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_

Owner Name \_\_\_\_\_

Owner Address \_\_\_\_\_

Job type: New \_\_\_\_\_ Repair \_\_\_\_\_

<u>WELL</u>	<u>PUMP</u>	<u>TANK</u>
Type _____	Type _____	Type _____
Depth _____	Make _____	Make _____
GPM _____	Model _____	Model _____
Static Level _____	HP Rating _____	Capacity _____ GAL
Casing length _____	Test Pres _____ PSI	Test Pres _____ PSI
Vented: Yes _____ No _____	Working Pres _____ PSI	Working Pres _____ PSI
If yes, where? _____	Capacity _____ GPM	
	Pump Depth _____	
<b>Was well disinfected per Public Health Code Section 19-13-B51K(c)?</b> Yes _____ No _____		
Type Chlorine _____ Amount Chlorine _____		
<b>Pipe:</b>		
Type Pipe Installed _____	Length _____	Size _____

**Please Print:**

Applicant \_\_\_\_\_ License No. \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Street**

**Town Zip**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee: \$20.00**

